24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Every Voice Action	
	C C00566208
Check if X 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
The New Media Firm	M M / D D / Y Y Y Y
Mailing Address 1730 Rhode Island Ave NW	10 17 2014 Amount
Ste 213	
City State Zip Code	40000.00
Washington DC 20036-3118	Transaction ID: VN7BA9WTPZ7 Date of Disbursement or Obligation
Purpose of Expenditure Online Advertising Category/ Type 004	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: X House District: 26
Carlos Curbelo Oppose	President Senate State:FL
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
The New Media Firm	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1730 Rhode Island Ave NW	
Ste 213	Amount
City State Zip Code	48300.00
Washington DC 20036-3118	Transaction ID : VN7BA9WTQ13 Date of Disbursement or Obligation
Purpose of Expenditure Online Advertising Category/ Type 004	10 16 / Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: X House District: 02
Marilinda Garcia Oppose	President Senate State: NH
	ursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought 74937.44 Disb	
(a) SUBTOTAL of Itemized Independent Expenditures	88300.00
	7 7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	4 4
(c) TOTAL Independent Expenditures	88300.00
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
David Donnelly [Electronically Filed] Date	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	